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PART-IIA

GOVERNMENT OF MEGHALAYA ORDERS BY THE GOVERNOR

NOTIFICATIONS

The 11th June, 2015.

No.Health.228/2012/Pt/123:-In exercise of the powers conferred by the proviso to Article 309 of the Constitution, the Governor of Meghalaya is pleased to make the following Rules, with further to amend the Meghalaya Medical Attendance Rules, 1981, namely :

1. Short title, commencement :- (i) These rules may be called the Meghalaya Medical Attendance Rules, 2015.
(ii) They shall come into force at once.
2. Addition of new clauses to Sub-Rule (3) of Rule 10 of the Meghalaya Medical Attendance Rules after clause (azxxvi), the new clause shall be added namely:-
(azxxvii) SRM Institute for Medical Sciences, Chennai.
(azxxviii) Manipal Hoapital, Bengalaru.

Y. TSERING,

Additional Chief Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

The 17th August, 2015.

No. Health 55/2013/389 - : The Governor of Meghalaya is pleased to notify the Standard Operating Procedure in order to facilitate free medical treatment to victims of acid attacks as below:

Standard Operating Procedure for Acid Attack Victim

Aims and Objectives.

The aims and objectives are to provide guidelines to prepare and implement protocols for managing patients of acid attack. To work up a plan and net working with other hospitals.

Introduction:

Chemical Burns which include acid, can be accidental, Suicidal or intention to cause Harm to Others. Acid product's include toilet cleaners, battery acid, bleach, chemicals used in industry for crystal etching, and chemicals that are added to gas, Acid solids can cause injury depending on the type, strength, and the length of time the acid is in contact with the body. The damage is usually kept to the area of contact and does not usually cause damage deep in the tissue.

Acid assault burns are a particularly vicious of attack where the motive is not to kill but to cause permanent disfigurement. The priority of the acute care is to limit the damage while the priority of the reconstructive care is to restore as much as possible the patient to optimum form and function. A recent review indicates that there are reports of such assaults that have occurred in many parts of the world but there appears to be a rising incidence in the developing countries where medical resources are limited.

Pre-hospital Approach to Acid and Burns Patient Management

1. S.A.F.E approach: as for all pre-hospital emergencies
Shout/call for help
Assess the scene
Free from danger
Evaluate the casualty
2. The most critical aspect of acid burn care is the constant and prolonged washing of the area with water at room temperature to get the acid out immediately. It will benefit the victim immensely to be taken to the nearest source of running water for dousing for at least half an hour to try and wash the acid away before subsequent care.

If 108 is available on the spot – Emergency Medical Services (EMS) personnel should use gloves masks and gowns, if necessary.

Remove soiled clothing and jewellery, initially decontaminate by irrigation with copious amount of water.

Ice packs on the affected area may alleviate symptoms by retarding diffusion of the ion.

3. The patient should be rushed to specialized medical care or dial the emergency number. If suitable first aid is not provided to the patient the procedure becomes lengthy and increases patient suffering.
4. Bring bagged clothing to hospital for examination.

Emergency Department Care

Initial steps

Remove soiled clothing/jewellery.

Decontaminate by irrigation with copious amounts of water.

Assess and manage life threatening conditions as with any other cause

Commence comprehensive monitoring for significant exposures.

Assess Systemic complications and treat accordingly.

Treatment by location of burn

Cutaneous burns:

Apply Silverex + 5 % Xylocaine jelly (or specific antidote) to the affected area. For burns to the fingers, retain gel in a latex glove.

Do not use the Saline irrigation because it is an irritant and may cause tissue damage.

Burns to the digits:

Local infiltration of digits with antidote is not recommended because of pain, disfigurement and potential complications.

Digital block with local anesthetics may be an alternative for pain control in patients with delayed presentation after exposure to low concentration HF.

Administer opioids for additional pain control.

Ocular Burns:

Generously irrigate with sterile water or saline for at least 5 minutes. Local anesthetic may be required.

Calcium salts are very irritating to the eye and urgent ophthalmologic consultation should be requested prior to the application of any antidote.

Inhalation burns:

Exposures to the head and neck should arouse suspicion of pulmonary involvement. If any doubt is present, admission for observation is advised. Specific treatment includes the following:

Provide 100% oxygen by mask, antidote nebulizer with 100% oxygen, continuous pulse oximetry, ECG and clinical monitoring.

Acute long injury is treated along conventional lines as needed.

Call a Poison Control Centre immediately if available.

Call police to investigate and if possible to recover the material for identifying type of acid.

Important exceptions in chemical burns treatment.

NO irrigation with water

Phenol: wipe off with 50% polyethylene glycol sponges before lavage.

Sulphuric and muriatic acids: soda lime or soap wash.

Chlorox: milk, egg white or 1% sodium thiosulphate wash, then irrigation.

Antidotes

Hydrofluoric acid: subeschar injection of 10% calcium gluconate until pain is relieved, up to 0.5 ml/cm².

Monitor calcium and magnesium.

White phosphorus: lavage with 1% or 2% copper sulphate, immerse in water (note toxicity of copper sulphate).

Palao R, et al, Chemical burns: Pathophysiology and treatment, Burns (2009),j.burns.2009.07.009

Definitive Management protocol for acid assault burn

For confluent areas of discoloured skin greater than 20 cm² on face and 100 cm² on the trunk or limbs, arrange for urgent examination under anaesthesia (EUA) in the operating theatre.

For smaller burns arrange for transfer to burns unit and continue lavage.

For patients undergoing an EUA, perform a test shave to determine the representative depth of injury and shave entire burn to achieve punctuate bleeding.

Continue lavage by applying wet dressing changed every 2 hours for 48 hours. At 48 hours, apply Ammonium to wound to test graft bed.

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24 – 48 hours later, return the patient to theatre for supplementary shave if necessary and definitive grafting with thick split thickness graft and over graft the donor site.

Consultation with specialty units may be required depending on individual circumstances.

Toxicologist

Burn Surgeon

Intensive care specialist

Ophthalmologist

Hand surgeon

All hospitals, Public or Private, whether run by the Central Government/State Government/Local bodies/Private Entrepreneurs shall immediately provide First Aid/Medical Treatment free of cost to the victim (s) of acid attack, so as to ensure that such victim (s) are provided adequate, timely care and to stabilize them before further treatment can be provided at Specialized Centres.

In compliance to Section 357C. no Private Hospital/Clinics or Government run Central or State Hospital shall refuse acid attack victims for admission and treatment citing lack of specialized facilities, etc.

Y. TSERING,

Additional Chief Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

The 12th August, 2015.

OFFICE MEMORANDUM

No.Health.204/2011/87.

Pending framing and finalization of the Meghalaya Health Dental Service Rules, the Governor of Meghalaya is pleased to order that the following procedure shall be followed in the matter of recruitment/appointment to various services/posts of Dental Surgeon in the Directorate of Health Services (MI) under the administrative control of Health & Family Welfare Department with immediate effect :-

1. **Senior Dental Surgeon (Grade I):-** Appointment to the post of Senior Dental Surgeon (Grade I) shall be made by promotion from amongst the senior most Dental Surgeons (Grade -II) who have completed not less than 2(two) years of continuous satisfactory service in Grade -II on the basis of seniority having the prescribed qualification of Degree in BDS or Degree/Diploma in MDS and who have completed not less than 18 (eighteen) years of continuous and satisfactory combining service in Grade-III and Grade-II on the first day of the year of such promotion.
2. **Senior Dental Surgeon (Grade II) :-** Appointment to the post of Senior Dental Surgeon (Grade II) shall be made by promotion from amongst the senior most Dental Surgeons (Grade III) on the basis of seniority having the prescribed qualification of Degree in BDS or Degree/Diploma in MDS and who have completed 12 (twelve) years of continuous service in Grade III.
3. **Appointing Authority:** The appointing authority shall be the Governor.
4. **Departmental Promotion Committee:-** For the purpose of appointment to the posts mentioned at 1& 2 above, there shall be the Departmental Promotion Committee consisting of the following members :-
 1. Chief Secretary - Chairman
 2. Addl. Chief Secretary/Principal Secretary/Commissioner & Secretary, Health & Family Welfare Department. - Member-Secretary
 3. Commissioner & Secretary/Secretary, Personnel & A.R (A) Department or Representative. - Member
 4. Commissioner & Secretary/Secretary, Finance Department or Representative - Member
 5. Director of Health Services (MI),Meghalaya,Shillong - Member
- The Committee may invite any other person as expert to attend its meeting as and when considered necessary.
5. **Other conditions :-** The existing policy of Government on reservation of post/service, age relaxation and other conditions of service prescribed by Government from time to time shall have to be strictly followed.
6. **Seniority :-** The interse -seniority shall be fixed as per the merit list recommended by the Meghalaya Public Service Commission.
7. **The Strength and Time Scale of Pay :** - The time scale of pay admissible to the members shall be as shown in the Schedule subject to revision by the Government from time to time.

8. Members of the Service acquiring additional qualifications while continuing in service will be entitled to advance increments as indicated below:-

(a) BDS Degree holders acquiring Post Graduate Diploma - 2 (two) increments.

(b) BDS Degree holders acquiring Post Graduate Degree - 3 (three) increments.

The number of posts of each category (Permanent and Temporary) at the time of issue of this order are as indicated in the Schedule attached to this Order.

This order shall remain in force till the promulgation of the Meghalaya Dental Health Service Rules or until further orders whichever is earlier.

Y. TSERING,

Additional Chief Secretary to the Government of Meghalaya,
Health & Family Welfare Department.

SCHEDULE

Sl. No.	Name of post	Scale of pay	Strength/Permanent/Temporary
1.	2.	3.	4.
1.	Senior Dental Surgeon (Grade I)	Rs 23300-700-27500-830-32480-970-39270/-	1(one)/Temporary
2.	Senior Dental Surgeon (Grade II)	Rs.20,700-620-24420-730-29530-890-36650/-	15(fifteen)/ Permanent
3.	Dental Surgeon (Grade III)	Rs.17,000-470-20290-560-25330-760-33690/-	41(forty one)/Permanent 07(seven)/ Temporary